HIRED & NON-OWNED AUTO LIABILITY SUPPLEMENT



Named Insured	US DOT#	ICC# MC# or M	X#	
HIRED AUTO INFORMATION				
1. Why is Hired Auto coverage being requested?				
2. Do you lease, hire, rent or borrow any vehicles from others a. What is the average term of the lease?	s?		🗋 Yes	□ No
b. Is there a written agreement?			Yes	No No
 Does it include a Hold Harmless agreement and/or A Please provide a copy of the agreement 	dditional Insured Clause?		🔲 Yes	No
3. Do you hire independent contractors?			Yes	
a. If yes, do you require certificates of insurance?			Yes	No
Please provide a copy of the contract.				
4. If owner-operators are leased, will they be scheduled on y If yes, provide a copy of the agreement you use.	our policy?		🗋 Yes	🔲 No
5. Do you use sub-haulers?			Yes	No No
a. If yes, provide cost of hire: \$ Please provide a copy of the contract.				
6. Do you lease, hire, rent, or borrow any vehicles from other	s without drivers?		U Yes	No
a. Will they be scheduled on the policy?			🔲 Yes	No No
b. What is the average term of the lease?				
7. What is your cost to lease, hire, rent or borrow vehicles? With Drivers: \$	V	/ithout Drivers: \$		
a. Estimated cost of hired autos:	L			
8. Is Hired Auto Physical Damage coverage desired?			Yes	 No
8. Is Hired Auto Physical Damage coverage desired? If yes, average value of auto hired: \$				
9. How many autos are hired on average within a twelve (12)	month pariod?			
10. How many hired autos are in the insured's possession at a				
11. What type of vehicles do you lease, hire, rent, or borrow? a. Truck -Tractors% Trailers Heavy and Extra Trucks%				
b. What is gross vehicle weight of commercial autos? _				
c. What is passenger capacity of public autos?				

12. At any time will your employees, subcontractors, or owner-operators lease vehicles in your name?		No
a. If yes, explain:		
 13. Do you arrange loads for others, not including your own hired truckers? a. If yes, explain: 	🗋 Yes	🗋 No
b. Are you named on the Bills of Lading?	Yes	No No
c. Annual number of Truckers: Loads:		
14. Do you have motor carrier brokerage authority?	Yes	🔲 No
a. If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation?b. What is your motor carrier brokerage number?	Yes	No
 b. What is your motor carrier brokerage number? c. Whose name appears on the bill of lading as the carrier? 		
 d. What is your brokerage revenue for the most recent twelve (12) months? 		
e. Estimated next twelve (12) months:		
15. Gross Receipts: Past years \$ a. Are drivers to be provided by the insured to operate hired autos? Estimate for coming year \$	🔲 Yes	No No
b. If no, will the drivers be required to provide Certificates of Insurance?	Yes	🔲 No
c. Whose name appears on the bill of lading as the carrier?		
d. What are the minimum liability limits required by the lessee (named insured)?		
16. Does the insured own or control any subsidiary or is it affiliated with any other corporation?	Yes	
a. If yes, are vehicles leased from that subsidiary or affiliate?		No No
b. What is the business of the subsidiary or affiliate?		
17. Are ICC or state regulatory filings required?	Yes	
Does the insured have an ICC broker's authority or provide a brokerage service?	Yes	No No
Does the insured understand that we intend to audit his records regarding the cost of hire?	Yes	No
Is the premium financed?		No
NON-OWNED AUTO INFORMATION		
1. Why is non-ownership liability coverage being requested?		
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2. What types of non-owned autos will be used in your business?		
a. Total number of non-owned autos used:How will they be used?		
3. How often are non-owned autos used in your business?	Other:	
a. Estimate the number of hours per month:		
b. Estimated annual mileage for use of all non-owned autos:		
4. Do any employees use their autos in your business?	Yes	No
a. If yes, what limit of liability insurance are they required to maintain?	_	_

Yes No

b.	Do you require	evidence	of insurance?

 5. Will you use non-owned autos other than those owned by employees? a. If yes, describe the relationship:		Q Yes	□ No
6. Total number of employees:	Total number of officers and partners:		
7. Do you obtain motor vehicle records for all employees and volunteers?		🗋 Yes	□ No
8. What is the maximum distance which a non-owned auto may be driven from the insured's premises?			Miles.
Do your employees lease autos on insured's behalf?		🔲 Yes	🔲 No
a. If yes, under whose name are autos leased?	Employees Insured		
Do you understand that we may audit your records for Hired & Non-Owned auto exposure, which might result in an additional premium?			🗋 No
I certify that the above information is true, based on (Company Records.		
(Printed Name)	(Title)		
(Signature)	(Date)		